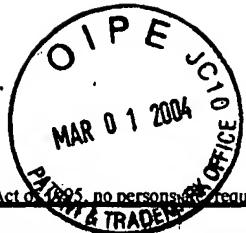


Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.



PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10/040,547

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$ 370.		
TOTAL CLAIMS (37 CFR 1.16(c))	27	minus 20 = * 7	x \$ 9 =	63.00	OR	\$ 740
INDEPENDENT CLAIMS (37 CFR 1.16(b))	6	minus 3 = * 3	x 40 =	126.00	OR	x 18 =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ ____ =		OR	x 84 =
					OR	+ ____ =
					OR	TOTAL
			TOTAL	559.00		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
		Total (37 CFR 1.16(c))		* 19	Minus	** 27	= 0		
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 6	= 0	x 9 =	00.00	OR	x 18 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									
						x 42 =	00.00	OR	x 84 =
						+ ____ =		OR	+ ____ =
								OR	TOTAL ADDIT. FEE
						TOTAL	00.00		

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
		Total (37 CFR 1.16(c))		*	Minus	**	=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$ ____ =		OR	x \$ ____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									
						x ____ =		OR	x ____ =
						+ ____ =		OR	+ ____ =
								OR	TOTAL ADDIT. FEE
						TOTAL			

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
		Total (37 CFR 1.16(c))		*	Minus	**	=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$ ____ =		OR	x \$ ____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									
						x ____ =		OR	x ____ =
						+ ____ =		OR	+ ____ =
								OR	TOTAL ADDIT. FEE
						TOTAL			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.